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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

03/06/2003

Brian M. Dugan
DUGAN & DUGAN
18 JOHN STREET
TARRYTOWN, NY 10591

08/10/2005 HDESTA2 00000034 090456 09682473

01 FC:1501 1400.00 DA
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Brian M. Dugan (Depositor's name)
[Signature] (Signature)
August 8, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/682,473	09/06/2001	Anthony Richard Bonaccio	BUR920010063	4175

TITLE OF INVENTION: CLOCK SIGNAL DISTRIBUTION UTILIZING DIFFERENTIAL SINUSOIDAL SIGNAL PAIR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/08/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
LUU, AN T	2816	327-295000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1. RICHARD A. HENKLER
2. DUGAN & DUGAN PC
3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

International Business
Machines Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Armonk, NY

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

[Signature]
BRIAN M. DUGAN

Date AUGUST 8, 2005

Typed or printed name

Registration No. 41,720

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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VALERIE G. DUGAN
BRIAN M. DUGAN, PH.D.

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FACSIMILE COVER SHEET

August 8, 2005

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Mail Stop Issue Fee
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Fax No.: (571) 273-2885

From: Brian M. Dugan

Our File No.: Docket No. BUR920010063US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Anthony Richard Bonaccio et al.
Serial No. : 09/682,473
Filed : September 6, 2001
For : CLOCK SIGNAL DISTRIBUTION UTILIZING
DIFFERENTIAL SINUSOIDAL SIGNAL PAIR
Examiner : An T. Luu
Group Art Unit : 2816

TOTAL NUMBER OF PAGES INCLUDING THIS PAGE: 4

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Docket No. BUR920010063US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Re: Inventor(s): Anthony Richard Bonaccio et al.
Title: CLOCK SIGNAL DISTRIBUTION UTILIZING DIFFERENTIAL SINUSOIDAL SIGNAL PAIR
Serial No.: 09/682,473
Filed: September 6, 2001
Examiner: An T. Luu
Group Art Unit: 2816

Transmitted herewith is:

- ☒ Issue Fee Transmittal
☒ Fee Address Indication Form
☒ Transmittal

FEE CALCULATION					
Fee Items	Highest No. of claims previously paid	Present No. of claims filed	Extra Claims	Fee Rate	Total
Total Claims				X \$50.00	\$0.00
Independent Claims				X \$200.00	\$0.00
Basic Filing Fee				\$770.00	PAID
TOTAL FEES					\$0.00

- ☒ The Commissioner is hereby authorized to charge \$1,700.00 to Deposit Account No. 09-0456.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 09-0456. A duplicate copy of this transmittal is enclosed.
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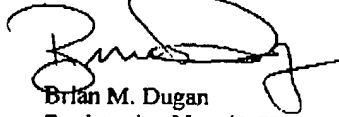
Signature

Brian M. Dugan

(name of person certifying)

August 8, 2005
Date

Respectfully submitted,


Brian M. Dugan
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